



INDEPENDENT
MECHANICAL SUPPLY INC.
Obsessed with Exceeding Expectations

Rexdale: 310 Carlingview Drive, Toronto, ON M9W 5G1
 Scarborough: 8 Milner Avenue, Scarborough, ON M1S 3P8
 Oakville: 2190 Winston Park Drive, Oakville, ON L6H 5W1
 Tel: 416.679.1048 Fax: 416.679.0848 imechsupply.com

CASH SALE APPLICATION

(Please FAX to 416.679.0848 or Email to credit@imechsupply.com)

APPLICANT INFORMATION

Legal Name of Firm or Individual (in full):		
Other Trade Name(s):		
Affiliated Companies (Past & Present):		
Business address:		
City:	Prov.:	Postal Code:
Shipping address:		
City:	Prov.:	Postal Code:
Phone	Fax	
Statement address:		
City	Prov.:	Postal Code
Phone	Fax	
Nature of Business		Email
Date Business Commenced	Date Business Incorporated	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship

OWNERS/PARTNERS/OFFICERS:

Name	Position	Address	Tel/Cell No.

TRADE REFERENCES:

Name:	Address:	Fax No or Email:
1.		
2.		
3.		
Referred by: Please supply salesman name OR indicate if application was picked up at counter	Salesman Name:	Picked up at counter (circle one) Y / N

ACCOUNT SETUP PARAMETERS:					
Allow Back Orders	Y / N		Print Price on Picking Slips	Y / N	
Job Names Required	Y / N		Statement Required	Y / N	
Invoice Print Showing (List & Discount/NET): List & Discount: Y / N NET: Y / N			Invoice Delivery (mail/email address):		
PO # Required	Y / N		Number of Invoices Required		
HELP US BETTER UNDERSTAND YOUR NEEDS AND IMPROVE COMMUNICATIONS:					
Annual Sales	\$		Number of Employees:		
CONTACTS: (A/R, A/P, BUYER/FOREMAN)					
Name	Position	Phone	Cell	Fax	Email

AGREEMENT

Whereas _____ (hereinafter the "Applicant") has requested an open account from Independent Mechanical Supply Inc. (hereinafter the "Seller") for the purpose of purchasing goods and/or services, the following terms and conditions shall apply:

1. Terms are C.O.D. only. Payment must be made prior or upon pick up and/or delivery.
2. All invoices shall be payable net and all arrears and over dues will bear interest at the minimum rate of 2% per month or 24% per annum.
3. All short shipments must be reported upon receipt of goods (same day).
4. Merchandise may only be returned with prior authorization from the seller and may be subject to restocking and/or handling fee.

I, the undersigned, declare that all the information supplied in this Form is true and accurate, that I am authorized to request a charge account at Independent Mechanical Supply Inc. Furthermore, by signing below on this Form, I agree and consent to authorize Independent Mechanical Supply Inc. to obtain from any credit reporting agency or any other source, such information as Independent Mechanical Supply Inc. may deem appropriate.

Signed at _____ in the Province of _____ this _____ day of _____, 20_____

Please print name: _____ Title: _____

Signature: _____

For Office Use Only:							
Approved:	Date:	Acct#:	Salesman#:	Customer Type:	Group Code:	Discount Code:	Territory Code:
Credit Limit:		Credit Days:			Division:		